|  |  |   |                                       |                                |  |                                      |          |                                  | Application or Docket Number |            |                     |                        |
|--|--|---|---------------------------------------|--------------------------------|--|--------------------------------------|----------|----------------------------------|------------------------------|------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2000 |  |   |                                       |                                |  |                                      |          | 09/888,959                       |                              |            |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |   |                                       |                                |  |                                      |          | SMALL ENTITY TYPE                |                              | OTHER THAN |                     |                        |
| TOTAL CLAIMS   |  |   | 17                                    |                                |  |                                      | ī        | RATE                             | FEE                          | 1          | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                                | NUMBER EXTRA   |                                      |          | BASIC FEE 355.00                 |                              | OR         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | ( 7 minus 20=                         |                                | · Ø  |                                      | ľ        | X\$ 9=                           |                              | OR         | X\$18=              | ·                      |
| INDEPENDENT CLAIMS   |  |   | ∱ minus 3 =                           |                                | æ  |                                      | ſ        | X40=                             |                              | OR         | X80=                |                        |
| ML   | ILTIPLE DEPEN                                  | IDENT CLAIM P   | RESENT                                |                                |  |                                      | l        | +135=                            |                              |            | +270=               |                        |
| • If   | the difference                                 | in column 1 is  | less than zero, enter "0" in column 2 |                                |  | L                                    | TOTAL    |                                  | OR<br>OR                     | TOTAL      | 70                  |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                                |  |                                      |          |                                  |                              | ,          | OTHER               | THAN                   |
|  |  | (Column 1)  | (Colum                                |                                | nn 2)  | (Column 3)                           |          | SMALI                            | LENTITY                      | OR         | SMALL ENTITY        |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID | BER  | PRESENT<br>EXTRA                     |          | RATE                             | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 18  | Minus                                 | 2                              | 0  | e                                    |          | X\$ 9=                           |                              | OR         | X\$18=              |                        |
|  | Independent                                    | • /   | Minus                                 | •••                            | 3  | =                                    | Г        | X40=                             |                              | OR         | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |  |                                      | ŀ        |                                  | <del> </del>                 |            |                     |                        |
|  |  |   |                                       |                                |  |                                      | L        | +135=                            |                              | OR         | +270=               |                        |
|  |  |   |                                       |                                |  |                                      | A        | TOTAL<br>DOIT, FEI               |                              | OR         | TOTAL<br>ADDIT, FEE |                        |
|  |  | (Column 1)<br>CLAIMS  |                                       | (Colum                         |  | (Column 3)                           |          |                                  |                              |            |                     |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT                                 |                                       | NUME<br>PREVIO                 | BÉR<br>DUSLY   | PRESENT<br>EXTRA                     | L        | RATE                             | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 6   | Minus                                 | <u>"</u>                       | 0  | =                                    |          | X\$ 9=                           |                              | OR         | X\$18=              |                        |
|  | Independent<br>FIRST PRESE                     | NTATION OF MI   | Minus                                 | ENDENT                         | 3<br>CLAIM   | -                                    |          | X40=                             |                              | OR         | X80≈                |                        |
|  |  |   |                                       |                                |  |                                      | L        | +135=                            |                              | OR         | +270=               |                        |
|  |  |   |                                       |                                |  |                                      | AD       | TOTAL<br>ODIT. FEE               |                              | OR ,       | TOTAL<br>DDIT. FEE  |                        |
|  |  | (Column 1)  |                                       | (Colum                         | STREET, SQUARE, SQUARE | (Column 3)                           |          |                                  |                              |            |                     | 1                      |
| MEN  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT                       |                                       | PREVIO<br>PAID F               | USLY   | PRESENT<br>EXTRA                     |          | RATE                             | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                 | 4.                             |  | -                                    |          | X\$ 9=                           |                              | OR         | X\$18=              | ·                      |
|  | Independent                                    |   | Minus                                 | ***                            |  | =                                    |          | X40=                             | <del> </del>                 | Ì          | X80≃                |                        |
|  | FIRST PRESE                                    | NTATION OF MI   | ILTIPLE DEP                           | ENDENT                         | CLAIM  |                                      | $\vdash$ |                                  | ╂╼╼╌┤                        | OR         | <b>∧</b> 60≥        |                        |
| • 11   | the entor in color                             | nn 1 is less than th  | o antru in enha                       | nn 2 unite                     | Tir in and   | uma 3                                | Ŀ        | +135=                            |                              | OR         | +270=               |                        |
| 1  | f the "Highest Nur<br>f the "Highest Nur       | mber Previously Pa<br>mber Previously Pa<br>mber Previously Pai | id For IN THIS<br>id For IN THIS      | S SPACE is<br>S SPACE is       | less that  | n 20, enier "20."<br>n 3. enier "3." |          | TOTAL<br>DIT. FEE<br>I in the ap | لــــا                       |            | TOTAL<br>DDIT. FEE  |                        |